OREGON HEALTH & SCIENCE UNIVERSITY

School of Medicine
Department of Psychiatry

Division of Child and Adolescent Psychiatry

Ajit Jetmalani, MD
Director

Joseph Professorship in Child and Adolescent Psychiatry Education

jetmalaa@ohsu.edu

Mail code DC7P
3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098
tel 503 494-3794
fax 503 418-5774

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RE: HB 3355 Prescribing Authority for Psychologists

Dear Representative Greenlick and distinguished members of the House Committee on Health Care;

My name is Dr. Ajit Jetmalani and I am a Clinical Professor of Psychiatry and Head of OHSU's Division of Child and Adolescent Psychiatry. I also serve as a consultant to the Oregon Health Authority's Health Services Division. **I am not representing OHSU or OHA with this testimony**.

I support improved access to mental health services in Oregon and have spent my career as a clinician, educator and public health advocate pursuing this goal. I am against HB 3355, because, while well intended, it does not adequately assure the safety of the public. I also believe that it is not solving the access problem that is most severe. ***We need more high quality therapists, not more prescriptions for the people we serve, especially children.***

This bill incrementally adds elements and takes others away from past bills creating an ever shifting proposal that satisfies various stakeholder concerns but fails to create effective guidance for a safe strategy. At the heart of this is the failure to go back to the drawing board and really think about the core elements of medical training. This bill would be safe if only extraordinary people build great personalized training programs across the state with no clear centralized structural guidance, that all people who get this training will be excellent and that the oversight will always be present in busy primary care medical homes. Medical training programs, however, do not assume the best…they must have structures that are vigilant, rigorous and prepared for the worst situation, include measurable goals and have oversight that is authoritative and informed. Its graduates should be able to function if oversight fails and know what to look for to avoid adverse health outcomes when gaps of oversight occur.

You have an awesome responsibility and opportunity as legislators and I imagine some of you are uncomfortable or fed up with the diverging advice you are receiving. I hope you will read my testimony none the less:

Here are 10 reasons that I do not support this bill:

1. Psychologists are unlikely move to remote rural environments in significant numbers once they get this training to work with underserved populations, including people insured by Medicaid. If they were willing to do so, we could really use their typically excellent psychotherapy skills.

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2. There are no medications that just affect the mind and not the brain and the body (there are no "mental health drugs") but this bill seems to be built with that as a premise.

3. I would not want my child or family member get a prescription from someone who has not learned how to complete a medical history and physical exam… or seen severe adverse health outcomes….but who recommends a medication that can cause changes in blood pressure, weight, blood sugar, seizures, gastrointestinal functions, heart rate, kidney functions etc.…

4. If you can't order or interpret lab tests because your training does not prepare you for that, should you be able to prescribe *any* medication?

5. Not all primary care offices are consistently highly functional and not every PhD's work will always be closely overseen. Nor can we assume that they will always discuss all the patients that are seen during each visit. People get busy, they get sick, and providers come and go.

6. These providers won't always know when they are witnessing a medication side effect or emergence of a health condition that would make the previously safe medication no longer safe… because they have never treated serious health conditions themselves.

7. If a provider only had a list of a few medications they might be authorized to use, they may try medicines from that short list rather than recommending seeing another expert.

8. Any medical provider should be overseen by the BME, not a board without any experience in the myriad of things that can go wrong in medical care.

9. Any medical oversight committee should be constructed with physicians in charge as the experts and psychologists as advisors. This should be a safety-based oversight structure, not a political structure.

10. A training program cannot be developed by the trainee as suggested in this bill. A training program must be certain to capture underperforming students, have a clear set of competency measures, clear time requirements, clear description of patient populations, paid directors of training and oversight by state and national credentialing programs.

Rather than stuff a myriad of amendments to this bill, I would suggest the following:

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1. Dedicate startup funding to create a pilot program for 3-5 slots that utilizes a modified PA program curriculum. Expect premed requirements to be completed as is true for PAs. Hire a program director, define the training (some of the content may be covered by the masters in prescribing but that would need to be reviewed), provide history and physical exam training and direct experience treating health conditions in the primary care setting. The final step would be completion of a well-defined competency based clinical program in managing mental health conditions in the primary care setting. This would not be free or easy to do, but that is what is needed for a safe training to practice medicine even within the context of the primary care medical home.

2. The program should be developed by physicians who have worked within accredited training programs and understand competency based medical education. It would make sense to be developed in a large institution where a range of experts would be available as educators and mentors / preceptors.

3. Incentivize graduates to practice for a number of years in underserved settings where they would work with colleagues who trust their judgement and feel safe in their collaboration.

4. Graduates should be overseen by the BME so that the public (and you) would be reassured that Oregonian's safety is ensured.

I realize there is no money for this now. Unfortunately we can't get high quality medical education for free. Perhaps there are large entities that would be willing to develop this program with reporting requirements to the legislature for outcomes.

Whatever you decide….please remove people under 18 from the scope of practice. The bills language is **utterly deficient** in its protections for this and other vulnerable populations.

Thank you for taking the time to review my testimony.

Respectfully submitted,

Ajit N. Jetmalani, M.D.

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~~Director, Division of Psychiatry~~
~~Oregon Health & Science University~~